DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 1 — 0 0 3

2. STATE: WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
JANUARY 1, 2001

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
SECTION 702, BIPA 2000

7. FEDERAL BUDGET IMPACT:
a. FFY 01 $ 315,000.00
b. FFY 02 $ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 4.19B, 2b, 2c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
ATTACHMENT 4.19B, SECTION 2b and 2c

10. SUBJECT OF AMENDMENT:
FQHC/RHC REIMBURSEMENT

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Barry L McKee Iris Oleske

13. TYPED NAME:
BARRY L. MCKEE, PH.D., M.P.H. IRIS OLESKE

14. TITLE:
DIRECTOR STATE MEDICAID AGENT

15. DATE SUBMITTED:

16. RETURN TO:
IRIS OLESKE
STATE MEDICAID AGENT
WYOMING DEPARTMENT OF HEALTH
OFFICE OF MEDICAID
154 HATHAWAY BUILDING
CHEYENNE WY 82002

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 28, 2001

18. DATE APPROVED:
4/2/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
David Selleck

22. TITLE:
Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: March 27, 2001

FORM HCFA-179 (07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

2b. RURAL HEALTH CLINIC SERVICES

Payment for Rural Health Center (RHC) services conforms to Section 702 of the Benefits Improvement and Protection Act of 2000 (BIPA).

All covered RHC services furnished on or after January 1, 2001 and each succeeding State Fiscal Year are reimbursed using a prospective payment system.

Until the State transitions to the prospective payment system on October 1, 2001, the State will reimburse RHCs based on the provisions contained in the State Plan as of December 31, 2000. Once the prospective payment system is in place, the State will retroactively reimburse RHCs to the effective date, January 1, 2001, according to the BIPA 2000 requirements.

Payment is set prospectively using the RHC's reasonable costs of providing Medicaid-covered services during RHC Fiscal Years 1999 and 2000, adjusted for any increase or decrease in the scope of services furnished during RHC Fiscal Year 2001.

The baseline per visit rate is determined for each RHC by (1) calculating a per visit rate for RHC Fiscal Year 1999 and RHC Fiscal Year 2000, (2) adding the two rates together, and (3) dividing the sum by two. The RHC per visit rate is inflated forward from the endpoint of RHC Fiscal Year 1999 to the midpoint of State Fiscal Year 2001.

Beginning with State Fiscal Year 2002 and for each State Fiscal Year thereafter, the per visit payment rate is increased by the percentage increase in the Medicare Economic Index (MEI) for primary care services, and adjusted for any increase or decrease in the scope of services furnished by the RHC during that RHC Fiscal Year. The RHC is responsible for supplying the needed documentation to the State regarding increases or decreases in the RHC's scope of services.

For newly qualified RHCs after State Fiscal Year 2000, initial per visit payments shall be determined as the statewide average per visit rate, updated each year using the MEI. A prospective rate shall be calculated after the provider has submitted a cost report for two RHC Fiscal Years, according to the methodology described above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

2c. FEDERALLY QUALIFIED HEALTH CENTER SERVICES

Payment for Federally Qualified Health Center (FQHC) services conforms to Section 702 of the Benefits Improvement and Protection Act of 2000 (BIPA).

All covered FQHC services furnished on or after January 1, 2001 and each succeeding State Fiscal Year are reimbursed using a prospective payment system.

Until the State transitions to the prospective payment system on October 1, 2001, the State will reimburse FQHCs based on the provisions contained in the State Plan as of December 31, 2000. Once the prospective payment system is in place, the State will retroactively reimburse FQHCs to the effective date, January 1, 2001, according to the BIPA 2000 requirements.

Payment is set prospectively using the FQHC's reasonable costs of providing Medicaid-covered services during FQHC Fiscal Years 1999 and 2000, adjusted for any increase or decrease in the scope of services furnished during FQHC Fiscal Year 2001.

The baseline per visit rate is determined for each FQHC by (1) calculating a per visit rate for FQHC Fiscal Year 1999 and FQHC Fiscal Year 2000, (2) adding the two rates together, and (3) dividing the sum by two. The FQHC per visit rate is inflated forward from the endpoint of FQHC Fiscal Year 1999 to the midpoint of State Fiscal Year 2001.

Beginning with State Fiscal Year 2002 and for each State Fiscal Year thereafter, the per visit payment rate is increased by the percentage increase in the Medicare Economic Index (MEI) for primary care services, and adjusted for any increase or decrease in the scope of services furnished by the FQHC during that FQHC Fiscal Year. The FQHC is responsible for supplying the needed documentation to the State regarding increases or decreases in the FQHC's scope of services.

For newly qualified FQHCs after State Fiscal Year 2000, initial per visit payments shall be determined as the statewide average per visit rate, updated each year using the MEI. A prospective rate shall be calculated after the provider has submitted a cost report for two FQHC Fiscal Years, according to the methodology described above.